



California's Health

P 14
THE UNIVERSITY
OF MICHIGAN
JUN 1961
PUBLIC HEALTH
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Vol. 18, No. 23

Published twice monthly

June 1, 1961

THE CHILD DEVELOPMENT PROJECT

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As an outgrowth of a long-term study of the mentally retarded child and his family by the Child Development Project staff of the Childrens Hospital of Los Angeles, a traveling clinic service has been instituted to operate in public health settings to demonstrate to professional personnel ways of meeting the needs of the retarded child and his family in his community. Utilizing consultation and service from the staff of the Child Development Project, four local public health departments, Orange County, Inyo County, Mono County, and Pasadena City Health Departments have begun to sponsor services to the mentally retarded children in their communities.

Mental retardation, viewed as a chronic handicapping condition, is an important public health problem. It is estimated that approximately three percent of the population of the United States is mentally retarded. This indicates that every community has the problem of the care of its more limited members. Within the past decade, professional health personnel have begun to study the problem and to test solutions, and an important part of their work is being directed to the development of community services for the retarded child.

The services being instituted in Southern California consist of demonstration clinics held in local communities, which offer a diagnostic and evaluation service to the child and his family. The clinic team consists of a pediatrician, social worker, public

health nurse and psychologist.¹ By demonstrating methods of helping the retarded child and his family, it is expected that the local professional people of the community can be encouraged to assist the family to maintain the child in his home whenever feasible. When the demonstration period in these four health jurisdictions is over, it is anticipated that similar services will then be sponsored by the local health personnel.

History

The history of this project goes back to 1954 when the staff of the Bureau of Maternal and Child Health of the State Department of Public Health and the staff of the Childrens Hospital planned a longitudinal study of mentally retarded children who were being cared for in their own homes.² The purpose of this study was to gather information about the problems and needs of the child and his family and to test solutions to the problems by devising services to meet the family's needs. It was expected that this information and experience would be useful for training physicians and other health personnel to guide families with the problem of retardation and would assist communities to develop more adequate medical and educational facilities for retarded children.

The Children's Bureau of the United States Department of Health,

¹Child Development Project Annual Report, 1959-1960, The Childrens Hospital, Los Angeles, California, and the Department of Pediatrics of the University of Southern California School of Medicine.

²Koch, R., Grallker, B., Fishler, K., and Parmelee, A. H., Sr.; "A Study of Mental Retardation in Infancy and Early Childhood"; Postgraduate Medicine (in press).

Education and Welfare and the Childrens Hospital supplied funds for the initial period of the study, 1954-1959, and both now support the present project.

The experimental mental retardation study clinic was at Childrens Hospital and placed under the direction of a pediatrician. The other members of the staff were two social workers, a clinical psychologist, and a research analyst. One hundred and forty-three families with a child less than one year of age were admitted to the study. The age limit of one year for eligibility was set to emphasize the importance of early diagnosis of diseases in which mental retardation might be prevented or ameliorated. These families have been followed from 1954 to the present and have been studied medically, socially, and psychologically. The services of the public health nurse have been utilized for selected families.

Since the 143 children were referred as mentally retarded or as suspected of being mentally retarded, they were commonly children with obvious developmental defects or congenital anomalies. The largest group was composed of mongoloids, the second largest group was composed of children with congenital cerebral anomalies, and the third largest group was composed of children with metabolic diseases.

Findings

There have been a number of findings which have an implication for the institution of services to the mentally retarded. It was found that 64 percent of the children had obvious

defects or multiple handicaps. Often these children required plastic and orthopedic procedures, or they needed correction of visual, hearing, or speech defects. Five percent of the children had diseases, such as phenylketonuria, galactosemia, and hypothyroidism, in which the associated mental retardation could be prevented if the disease were diagnosed early in infancy. Two of the families subsequently had another retarded child. These findings implied that early diagnosis and close pediatric supervision of the young retarded child is of utmost importance.

The study revealed that the child diagnosed as mentally retarded before the end of the first year of life is not institutionalized immediately. Of the 22 children who have been followed for five years, 13 are still at home, six have been placed, and three have died. Of the 13 children who have been followed for one year only, one has died, and the rest are all at home. This suggests that services to these children are needed in the local community as well as in the institutions.

Twenty-eight children, or more than nine percent of the total group of 143 children studied to date, have subsequently been found to have normal intelligence. Eight of these children were known to be normal at birth, and they maintained normal intelligence as a result of specific medical treatment. Twenty had physical defects or developmental problems which raised the question of brain injury and associated mental retardation. These children required continued medical observation and psychological study to rule out intellectual impairment. Early identification of the child with normal intelligence is important, both to spare the family anxiety and to plan the child's care. These findings suggest once more that continuing pediatric supervision of these children is most important.

The families followed in the study utilized Child Development Project services and other community services to help maintain the child in the home. They required social casework services to help them with their feelings about the child's problem and to work through other family problems. They utilized help from the public health nurse to assist with the problems of the care and management of the child and the problems of behavior, habit-training, and discipline. Families frequently sought speech

therapy, nursery school and training class placements, and kindergarten experiences for the child. Too often it was found that there was a lack of these services in the community.

Present Status of the Project

Accordingly, the present Child Development Clinic, still at Childrens Hospital, and its traveling clinic are seeking to provide solutions to some of the problems raised in the earlier study: the need for diagnostic services, the problems of medical supervision, dearth of community services, and lack of professional interest in the retarded child. The project was designed to demonstrate the team approach to the evaluation of the retarded child, to stimulate communities to develop resources and facilities for the care of the child, and to train professional personnel to work with the retarded child and his family. The traveling clinic staff now consists of a pediatrician, a clinical psychologist, a social worker, and a public health nurse. The team service consists of medical, psychological and sociological diagnosis, and counseling to the family about the continued care of the child. Appropriate referrals are made to community agencies, and where possible the patient is returned to the care of the private physician.

In the home clinic in Childrens Hospital, demonstration of the team approach to evaluation is made in two weekly teaching clinics for medical students, nursing students, local professional workers, and students in special education. In addition, research projects in galactosemia, phenylketonuria, and aminoaciduria are being conducted.

The Traveling Clinic

The traveling clinic services away from the home clinic are initiated at the request of the local health officer. At his request, the traveling clinic enters his jurisdiction at regular intervals to conduct the demonstration clinics. The health officer is responsible for the organization of the clinic, for providing the facilities, maintaining records, and for case-finding and referrals. Prior to the establishment of the program in the four health jurisdictions, the health officer and the clinic staff cooperated to orient local physicians, psychologists, nurses, teachers and others to the problems of the retarded child and his family and to solicit their participation in the

program. The local organized groups of parents of the retarded were approached also for support and for services, such as baby-sitting and transportation. Six hours of in-service education on mental retardation were given to the local health personnel.

The clinic procedures in the four health jurisdictions and in the home clinic follow the same pattern. Children six years of age and under are accepted for service, and four children are seen at each clinic meeting. Only referrals from professional sources are accepted. Patients are referred primarily to physicians, public health nurses, the well-child clinics of the local health departments or the local schools. Prior to the clinic meeting the local public health nurse visits the home to assess the care and management needs of the child and to orient the family to the clinic services.

As the problem of mental retardation is viewed by the clinic staff as a family problem, every effort is made to encourage both parents to be present in the clinic. Both parents are interviewed by the social worker who evaluates the social and emotional aspects of the family's problem. At the same time the clinic psychologist sees the child for psychometric testing. Those professional people in the community who referred the child or who might be able to contribute to solutions of his problems are invited to be present at the clinic, at which time the findings of the workers are reviewed along with a report from the referent. The patient is examined by the physician and the parents are interviewed again. The parents then withdraw while the group discusses the findings and possible solutions. The parents return, and at this time the findings and recommendations are given to them. They are encouraged to ask questions, and they may be counseled by all of the team members and by professional personnel from the community as well.

Case History

In a typical Traveling Child Development Clinic, for example, a couple was told that their four-year-old child was a mongoloid. The clinic pediatrician explained the diagnosis and prognosis and recommended continued home care, nursery school experience, and home training activities. The psychologist reviewed his findings and explained to the parents the child's mental functioning. The social

worker answered the parents' questions about the effect of the retarded child on his siblings, interpreting how parental attitudes determine the way brothers and sisters accept the situation and suggesting to them an attitude of honesty about the child's diagnosis. The public health nurse discussed the management of the child in his home and explained a few simple dressing routines to encourage his independence in self-care. A teacher from the local schools provided the names of nursery schools which would accept a mongoloid child. As the probability of eventual custodial care had been mentioned by the parents, a representative from Fairview State Hospital discussed the program of the hospital with the parents and invited them to visit the facility when they were ready to consider placement. As the parents welcomed the idea of meeting other parents with similar problems, they were introduced to the president of the local parent group, who told them about the meetings and programs.

The management of this case represents the usual procedure, and the parents, rather than being troubled by the presence of the large number of people, in most instances appear to be supported and encouraged by the interest of the members of the various disciplines. In other cases, additional people who have been involved in the counseling have been the child's teacher, the family minister, the private physician or representatives of other social agencies.

Pasadena and Orange County Clinics

While the clinic procedures are similar in the four health jurisdictions, the varied geography and population compositions cause interesting differences in operation of the clinics. Pasadena and Orange County are heavily populated urban areas which have many health, welfare and educational facilities. The Orange County Child Development Clinic meets monthly in the health department building, and the department is able to provide most of the laboratory services necessary for the diagnostic workup. The Pasadena Clinic, also meeting monthly, is housed in a local school for the handicapped, which is surprisingly well-equipped to handle this clinic. The Pasadena Health Department laboratory is able to perform the routine tests also. The patients from both clinics can be re-

ferred to Childrens Hospital for more definitive tests when these are necessary. The parents find that recommendations for additional services, such as speech therapy, training classes, social casework and public health nursing services can be carried out without great difficulty. It is expected that both Pasadena and Orange County Health Departments will be able to sponsor duplicate services as the Traveling Child Development Project team withdraws.

Inyo and Mono County Clinics

In Inyo County and Mono County the situation is quite different. Both of these rural counties have small populations scattered over wide areas, making it difficult for adequate community services to be provided. The Inyo County Child Development Clinic meets every three months in the health department offices with the local hospital providing laboratory services. The first Mono County Child Development Clinic met in the local Elks' Hall, and laboratory services were provided by the small local hospital. However, the people of these communities display an extremely cooperative spirit, and frequently the very smallness of the population contributes to rapid solutions to problems. Case finding, for example, is frequently expedited by word-of-mouth communications. The health officer in Inyo County was told by a storekeeper in a small community that a young couple living at a mine site in the area had a mongoloid child. The health officer invited the parents to see him by sending word to the local school principal who passed it along to a student, known to live in the same settlement, who conveyed the message to the baby's parents. At the next school immunization clinic the parents appeared with the child and were duly referred by the health officer to the next traveling child development clinic.

As it has been learned that nearly 90 percent of the patients seen by the clinic team can be adequately cared for without further medical and laboratory evaluation, the smallness of the population and the scarcity of facilities does not prevent the finding of solutions in the local community. In one Inyo County clinic, for example, physical therapy was recommended for a child. The service was not available locally, and the parents were unable to travel to the Los An-

geles area for the service. One teacher present in the clinic recalled that the physical education instructor in the local school had been a physical therapist. He was contacted and agreed to give his services to the child. Formal arrangements for the treatment were arranged through the local Crippled Children's Service of the county. This and similar instances demonstrate that by utilization of the team approach to the evaluation of problems, coupled with the cooperative attitudes displayed, sound solutions can often be found locally.

Demonstration Clinics to Terminate

The length of time that each health department is given service depends upon the characteristics of the area, the personnel available, the participation and the development of local personnel and resources. Orange County had demonstration services for one year. When the traveling child development clinic withdrew in February of this year, the Orange County Child Development Clinic took an interim place in the Orange County Health Department under the direction of a local pediatrician and

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*Entered as second-class matter Jan. 25, 1949,
at the Post Office at Berkeley, California,
under the Act of Aug. 24, 1912. Acceptance
for mailing at the special rate approved for
in Section 1103, Act of Oct. 3, 1917.*

the director of the Division of Maternal and Child Health. The health department social work consultant and a psychologist from the local schools with the pediatrician and the health department nurses formed the new clinic team. Numerous local services and facilities are available and may be drawn on as the new team makes its recommendations to parents. It is expected that the clinic will move into a medical setting in the new Orange County Childrens Hospital to be built in Santa Ana.

Pasadena Health Department personnel and the project staff have begun to formulate goals for the termination of their demonstration period, set for the Fall of 1961. At the present time it is planned to confer with the Pasadena Community Welfare Council to plan for a location of the clinic in a medical setting. A local private pediatrician has begun to take an active part in the clinic. Social workers of the Pasadena Welfare Bureau, psychologists from the local schools, and the health department nurses are participating regularly. They form a promising group of prepared professional people who may be the nucleus of a staff of a new clinic.

Goals for the termination of the services in Inyo County and Mono County have not yet been set. Planning at the present time centers, in both counties, about the institution of methods of early identification of the mentally retarded child, the utilization of the team approach to define the problem and work for solutions locally where possible, and the arrangement for on-going consultative services from the Child Development Project staff when specialized help is needed.

Overall Findings

From the short 18-month period of operation of the Child Development Project, it has been learned that the local professional personnel have become encouraged about their ability to handle the problems of the retarded child and his family. One health officer stated that the project was a demonstration of how many different types of problems might well be handled in the community through the utilization of the multidisciplinary, or team, approach. The public health nurses have displayed strong interest in the program and have accepted much responsibility for follow-up services to these families. The social workers, psychologists, and pri-

vate physicians who have participated in the clinic staffings have given support and cooperation to the program. It has been encouraging to observe the willingness of the staffs of the local social agencies, public schools, clinics and the like to assume on-going responsibility for some phase or part of the child's care. This demonstrates that where the already existing facilities can be utilized on behalf of the retarded child, much can be done for the child and his family without recourse to distant and expensive services. The community at large is also beginning to assume responsibility for the welfare of the retarded. In Inyo County, for example, the local citizens' Mental Hygiene Committee has decided to incorporate activities on behalf of the retarded into its general program.

Prospects

Before the Child Development Project closes in June of 1962, one or two other health jurisdictions will be given service. It is expected that the next health jurisdiction to be given service will be the city of Long Beach. Judging from the several requests by local health officers for this service, it can be stated that sponsorship of services for the mentally retarded has a high priority. In addition, the requests indicate that the need for services is greater than can be met within the time period set for the Project. Yet by building upon the experiences of the staff of the Child Development Project and the four pioneering health departments, other health officers can offer even better services to the retarded child and his family in the future.

Administrative Analyst Appointed

Ronald W. Britting has joined the staff of the Division of Administration, State Department of Public Health, in the position of Administrative Analyst. He replaces Wesley C. Reetz, who resigned recently to take a similar position in Sacramento with the newly created Board of Trustees of the State College System.

Mr. Britting received his B.S. degree in Business Administration at the University of California, Berkeley, in 1954. Since 1955, he has been employed as an administrative analyst with the State Compensation Insurance Fund in San Francisco.

Mr. Britting will act as a management consultant, making studies and

R. O. Egeberg, M.D., Appointed To State Board of Public Health



Governor Edmund G. Brown announced May 9, appointment of Roger O. Egeberg, M.D., Medical Director of the Los Angeles County Department of Charities, to the State Board of Public Health.

Dr. Egeberg succeeds Errol R. King, D.O., of Riverside, whose latest four-year term has expired. Dr. King served 16 years as a member of the Board. He was appointed by Governor Earl Warren in 1945.

Dr. Egeberg is chairman of the Governor's Advisory Committee on Medical Aid and Health. (A summary of this committee's recommendations was published in the April 15 and May 1 issues of *California's Health*.)

Dr. Egeberg received his M.D. degree from Northwestern University in 1929, was in private practice in Cleveland, Ohio, from 1932 to 1942, and served in the Army Medical Corps from 1942 to 1946.

For the next ten years, he was chief of medical services at the Veterans Administration Hospital in Los Angeles. He was medical director of the Los Angeles County Hospital from 1956 to 1958, when he assumed his present position.

Dr. Egeberg is clinical professor of medicine at the University of California at Los Angeles and at the College of Medical Evangelists. He is also professor of medicine at the University of Southern California.

recommendations on organization structure, work methods, procedures and systems, staffing requirements, methods of reporting and evaluating performance, and related matters.

3,500 Longshoremen Volunteer For Multiphasic Screening

In a health screening project on San Francisco's waterfront, some 3,500 longshoremen have volunteered for a battery of tests and procedures aimed at preventing prolonged disability and premature death through the early detection of disease.

The State Department of Public Health and the U.S. Public Health Service and cooperating with the Kaiser Health Plan and the Pacific Maritime Association Welfare Fund to repeat the highly successful screening examinations first given members of the International Longshoremen's and Warehousemen's Union 10 years ago.

In the past few years, multiphasic screening has become a widely accepted procedure for the early detection of unsuspected disease among apparently healthy people. Large-scale projects in many communities have demonstrated the value of multiphasic screening as a public health technic.

In this current project, tests are being given to determine lung and heart disease, diabetes, syphilis, vision impairment, and obesity. Besides bringing under medical management previously unknown disease, the opportunity of this second screening among longshoremen is yielding important information for understanding the relationship of heart disease to physical and personal characteristics. Using follow-up health records for the intervening years along with findings from the repeated tests, a team from the State Health Department is carrying out studies to determine factors important to heart disease control.

The book, *Positive Health of Older People* provides a compact, timely resource with a fresh point of view which emphasizes the positive aspects of aging. The 131-page paperback, quoting authorities who spoke at the National Health Council's 1960 Health Forum, reveals the latest developments in the numerous fields that impinge on the well-being of the elderly, and enumerates practical suggestions for action to be taken by individuals, industry, the health professions, and government.

It is available for \$2.25 from the National Health Council, 1790 Broadway, New York 19, New York.

Law Violators, Probation Status, And Drinking Involvement

Studies of the association between drinking behavior and other kinds of behavior customarily represent an aspect of inquiry into alcoholism. One kind of behavior frequently considered to be directly related to drinking is criminal activity, and numerous studies have been constructed to investigate the nature and extent of such a relationship by posing such problems as:

- What proportion of criminal offenders have drinking problems?
- Are certain kinds of offenses more frequently committed by alcoholics than by nonalcoholics?
- Are some crimes more likely to be committed by intoxicated persons than by persons who are sober?
- Do nondrinking-involved offenders differ characteristically from drinking-involved offenders?

Corollary to these general problems are questions about relationships between drinking-involved criminal offenders and the individuals designated to judge or evaluate their behavior. When an alcoholic or heavy drinker commits a felony, is he treated differently from a nondrinking-involved offender by the arresting officer, the probation officer, the judge, or the parole officer? If the treatment is different, is it appropriate to the needs and problems of the drinking-involved individual? Following a felony conviction, is an alcoholic or heavy drinker as likely as a nonalcoholic to receive probation status and to complete a term of probationary supervision without violating the conditions of his probation?

The Division of Alcoholic Rehabilitation of the State Department of Public Health is presently attempting to answer some of these questions. Informal conferences have been held in agencies throughout the State with persons who have frequent contact with drinking-involved criminal offenders in such roles as judge (municipal and superior court), investigating probation officer, and supervising probation officer. In addition to information obtained from discussion, the Division subjected written reports on 134 adult felons to a preliminary analysis. The results of this preliminary analysis are summarized below:

Of 134 adult felons, 24 percent were judged "drinking-involved."

Of 32 "drinking-involved" adult felons,	88 percent committed crimes against property, and
	9 percent committed crimes against persons.
Of 102 "nondrinking-involved" adult felons,	63 percent committed crimes against property, and
	28 percent committed crimes against persons.

The "drinking-involved" group differed from the "nondrinking-involved" group in that the "drinking-involved" offenders

were older,
had a higher rate of divorce,
more frequently lived alone,
were less educated,
had lower status occupations,
had a higher rate of unemployment,
earned less income,
had lived in California a shorter time, and
more frequently had records of previous arrests.

Of 32 "drinking-involved" adult felons,	25 percent were granted probation;
	41 percent were sentenced to State prison.
Of 102 "nondrinking-involved" adult felons,	50 percent were granted probation;
	18 percent were sentenced to State prison.

On the basis of findings in this preliminary analysis that drinking-involved and nondrinking-involved offenders are associated with different kinds of crime, background characteristics of the two groups are dissimilar, and probation is granted to the two groups with unequal frequency, a full-scale study in Los Angeles County is now underway involving a 10 percent sample of Superior Court cases for the fiscal year 1958-1959—about 1,000 cases. A report on the findings of this investigation will be published at a later date.

In all the literature read, in all the interviews had with every type of inebriate, there is yet to be discovered one person who has solved his drinking problem as a result of incarceration in jail.—Edmund G. Brown, Governor, State of California.

Insecticide Use Controlled In Food Establishments

A new policy of the State Department makes commercial insecticides and devices marked as for the purpose of controlling noxious insects in food establishments and other public or commercial establishments subject to review and evaluation.

Heretofore no provision for review and evaluation has existed, resulting in considerable uncertainty on the part of everyone regarding the safety and efficacy of insecticide use under these conditions.

The policy enunciates the need for prevention of insect infestation through physical arrangement, exclusion, protection from contamination, and good management practices as prerequisites to use of insecticides within food establishments and other public or commercial establishments.

Evidence must be presented to establish that use of insecticide in such places will result in no damage to humans entering or occupying the area, no contamination of food or food preparation surfaces by the insecticide or dead insects, and that containers are properly labeled and stored.

The Department's Bureau of Vector Control is designated to implement this policy, which summarily provides that no unnecessary use of insecticide will be approved.

Stanford Begins Major Study of Alcoholism

Nevitt Sanford, Ph.D., a University of California professor of psychology, will direct the 25-member Cooperative Commission on Alcoholism to be housed at Stanford University according to an announcement by the National Institute of Mental Health, which will finance the \$1.1 million, five-year project in the United States and Canada.

The stated objectives of the commission are to:

Make the most intensive and co-ordinated study yet undertaken of the present knowledge regarding the causes and control of alcoholism.

Evaluate present research activities. Investigate the effectiveness of private and governmental agencies concerned with the problem.

Formulate recommendations on future policies for such organizations.

Identify future areas of research.

The Cooperative Commission on Alcoholism is a scientific body organized under the aegis of the NIMH and the North American Association of Alcoholism Programs, which is composed of directors of most of the official state and provincial alcoholism programs in the United States and Canada. John R. Philp, M.D., NAAAP president and Chief of the Division of Alcoholic Rehabilitation, California State Department of Public Health, is permanent secretary of the commission.

Dr. Sanford, long associated with the Institute of Personality Assessment and Research of the University of California in Berkeley, will assume his commission duties July 1. He will be a professor of psychology and education at Stanford. The commission will be the nucleus of a new Center for the Study of Human Problems at Stanford, although funds allocated by NIMH for the Stanford project will be used only for alcoholism research.

Laboratories Boost Efforts To Eradicate Tuberculosis

California laboratories have joined forces with public health official and voluntary agencies in an intensified effort to "eradicate" tuberculosis within the next few years.

Following publication of the Arden House Report on Tuberculosis, voluntary and official agencies in California established an Interagency Council to form an eradication program. The Council recognized the importance of improved laboratory work, the necessity of training of laboratory personnel, and the need for dependable anti-drug sensitivity tests.

In cooperation with the Alameda County Health Department, the Bay Area Christmas Seal Associations, and the Microbiology Laboratory of the State Department of Public Health, a workshop on tuberculosis bacteriology was held for the representatives of Bay Area laboratories.

The workshop stressed satisfactory methods for culturing of tubercle bacillus, the recognition of related organisms, and demonstrations of all

Dental Health Courses Offered at U.C. and U.S.C.

Two graduate workshop courses in dental health education will be offered in June to provide teachers, administrators, and nurses with basic knowledge of dental health and to suggest ways of incorporating this material into the elementary and secondary school curriculums.

One course will be offered by the University of California Extension at the San Francisco Extension Center, 55 Laguna Street, and the other at the University of Southern California, Los Angeles, in the Dental Clinic Building. Both courses will be given for three units of credit. The USC course will be given from June 19 to July 29 from 10:30 to 11:53 A.M. Monday through Friday; the UC Extension course from June 19 to July 8 from 9:00 A.M. to 12:00 noon Monday through Friday.

The three major aspects of the workshops will be: interpretation of the art and science of dentistry; consideration of dental health education activities in the school and health agency; and development of practical programs, methods, and materials of dental health education in the school and health agency.

The California Dental Association is cooperating in presenting the San Francisco course and the Southern California State Dental Association is sponsoring the course at USC. Further information for the northern course can be obtained from Education Extension, 101 Haviland Hall, University of California, Berkeley 4, California. Registration for the course at USC is June 15 or 16. Tuition scholarships are available.

Blue Cross coverage for alcoholism has increased to 85 plans, from 79 in 1955, and the number of provisions for such coverage has increased to 129, from 92 in 1955, according to the Joint Information Service of the American Psychiatric Association and the National Association for Mental Health. *Alcoholism Review and Treatment Digest*, May-June 1961.

types of organisms with relationship to the tubercle bacillus.

A similar workshop was held in San Bernardino in May, and one is scheduled for Sutter-Yuba Counties on June 23 and 24.

Radiological Health Surveillance Reviewed

The most recent problem to become a major public health concern is exposure to ionizing radiation. Such exposure arises from medical, occupational, and environmental sources. The Department is developing programs in all three of these areas, and presented below is a progress report on the environmental radiological program of the State Department of Public Health.

The principal effort is one of continuous surveillance of the environment to determine the degree and extent of human radiation exposure. The data obtained provide a basis for action in long-range preventive programs and in radiation emergencies, and will assist in the orderly development of other aspects of a radiological health program.

As man-made uses of nuclear energy and its radioactive byproducts increase, radiological contamination of the environment will inevitably increase apace. Thus, the rationale is

for a program to obtain base line data now, and to watch carefully for increases in environmental contamination so that any necessary corrective action can be taken in time to avert hazardous situations.

To these ends a variety of environmental media are periodically sampled and analyzed for radioactive content. These media include air, water, soil, native vegetation, vegetables, fruit, field crops, milk, meat, poultry, eggs, fish, shellfish, sewage, snow and rain.

Sampling locations are distributed so as to obtain a maximum of useful information as economically as possible. Special attention is given, for example, to major population centers, to major food producing regions, and to areas around major nuclear installations. Invaluable assistance in collecting samples is being obtained from a number of state, local and federal agencies.

All radiological assays are carried out in the Department's recently completed radiological laboratory. Included as part of the Sanitation and Radiation Laboratory, it comprises 2000 square feet of floor space. In addition to numerous devices for the measurement of gross radioactivity, the equipment includes a low background counter and a multichannel gamma spectrometer.

Environmental samples can be readily analyzed for gross alpha, beta, or gamma radioactivity, strontium 89 and 90, and a wide variety of gamma-emitting isotopes of public health concern, such as iodine 131, barium 140, and cesium 137. In addition, information is obtained from other public and private agencies that conduct similar programs for more limited purposes.

While not yet entirely complete, the program is well underway. Twelve continuous air samplers are in operation, located along the coast from Eureka to San Diego, and inland from Redding to El Centro. In addition, two more elaborate air monitors and recorders are located in Berkeley and in Los Angeles.

All these stations include facilities for rain and dry fallout sampling. Soil and vegetation samples are collected regularly in the vicinity of these fixed stations. Nine additional rain, fallout, soil and vegetation sampling stations are located in other areas of the state.

All major surface and selected underground domestic water supplies are sampled, as is sewage from major

REPORTED CASES OF SELECTED NOTIFIABLE DISEASES CALIFORNIA, MONTH OF APRIL, 1961

Disease	Cases reported this month			Total cases reported to date		
	1961	1960	1959	1961	1960	1959
Series A: By Place of Report						
Amebiasis	44	34	63	216	133	185
Coccidioidomycosis	17	22	16	60	93	87
Measles	7,769	4,200	10,135	18,666	10,545	24,893
Meningococcal infections	16	15	19	89	89	92
Mumps	2,857	2,839	1,846	13,497	10,298	5,814
Pertussis	125	127	265	554	483	829
Rheumatic fever	14	26	10	39	55	48
Salmonellosis	120	75	74	409	318	299
Shigellosis	166	123	159	597	547	503
Streptococcal infections, respiratory	1,506	2,595	2,543	7,257	13,376	9,236
Trachoma	1	7	--	4	7	21
Series B: By Place of Residence						
Chancroid	7	12	3	52	48	24
Conjunctivitis, acute newborn	--	3	--	2	8	3
Gonococcal infections	1,729	1,400	1,474	7,297	6,121	5,326
Granuloma inguinale	--	1	--	2	5	--
Lymphogranuloma venereum	1	3	5	4	12	12
Syphilis, total	617	626	716	2,413	2,571	2,220
Primary and secondary	109	118	116	500	481	337
Series C: By Place of Contraction						
Botulism	--	--	--	--	--	2
Brucellosis	4	1	2	9	5	6
Diarrhea of the newborn	15	--	--	20	6	7
Diphtheria	--	--	--	--	--	1
Encephalitis	36	52	50	142	168	135
Food poisoning (exclude botulism)	29	189	147	1,150	498	530
Hepatitis, infectious	498	315	238	2,036	1,203	911
Hepatitis, serum	15	9	6	63	31	22
Leprosy	--	--	3	3	4	6
Leptospirosis	3	--	1	3	--	2
Malaria	2	--	1	2	--	9
Meningitis, viral or aseptic	36	36	30	121	133	130
Plague	--	--	--	--	--	--
Poliomyelitis, total	6	10	17	28	59	59
Paralytic	6	9	15	22	51	50
Nonparalytic	--	1	2	6	8	9
Psittacosis	2	--	2	4	8	7
Q fever	4	8	3	10	15	6
Rabies, animal	24	13	11	89	52	28
Rabies, human	--	--	--	1	--	--
Relapsing fever (tick borne)	--	--	--	--	--	--
Rocky Mountain spotted fever	--	--	1	--	--	1
Tetanus	2	--	3	7	3	13
Trichinosis	2	1	1	8	1	2
Tularemia	--	--	--	--	1	--
Typhoid fever	4	3	6	17	15	20
Typhus fever (endemic)	--	--	--	2	--	--
Other * Anthrax	1	--	--	1	--	--
Tuberculosis ¹	--	--	--	1,600	1,743	1,915

* This space will be used for any of the following rare diseases if reported: Anthrax, Cholera, Dengue, Relapsing Fever (loose borne), Smallpox, Typhus Fever (epidemic), Yellow Fever.

¹ Tuberculosis cases are corrected to exclude out of State residents and changes in diagnosis; monthly figures are not published.

metropolitan areas. Milk from eight large producing areas is sampled each month. Food products are sampled regularly from the principal production centers for each commodity.

A continuing program is being carried out to improve and refine sampling and analytical techniques. Ultimately it is expected that the total effort can be reduced as more information becomes available as to specific environmental indicators that can be used to generalize environmental contamination levels.

The Department's Bureau of Radiological Health plans to publish the data obtained from this program in a regular series of quarterly reports, the first of which will be published shortly and distributed to interested agencies.

"Even with research a good deal of the reasoning is put in after the discovery has been made. Sir Charles Dodds once compared research to the progress of a man stumbling across a dark room, trying to find the light switch and upsetting the furniture as he goes. Once he has found the switch and the light is on, he goes back and puts all the furniture tidy again."—Richard A. J. Asher, M.D., *Lancet* 2:417 (Sept. 26) 1959.

One of the least expensive, as well as most popular publications sold by the U.S. Government Printing Office in Washington is "Septic Tank Care," which has sold almost one million copies at five cents a copy.

Printed in California State Printing Office

Public Health Positions

Monterey County

Supervising Psychiatric Social Worker: Salary range, \$552 to \$685. Starting salary depends upon qualifications. To work in community mental health services program. MSW required, as well as supervisory experience in a clinic providing treatment for children and adults. Interest in mental health education and consultation desired. Contact Dorothy G. Sproul, M.D., Program Chief, Monterey County Department of Public Health, 34 Iris Drive, Salinas, California.

Assistant Health Officer: Salary range, \$851 to \$1,058. MPH preferred.

Public Health Nurse: Salary range, \$401 to \$496. First increase after six months. Supervised generalized program. Requires California PHN certificate. Car allowance 10¢ a mile.

All employees receive 15 days vacation and 15 days sick leave accumulated annually; State retirement plan. For assistant health officer and public health nurse positions contact Myron W. Husband, Director, Monterey County Department of Public Health, 154 West Alisal Street, Salinas, California.

Santa Barbara County

Public Health Physician: Salary range, \$947-\$1,151. May be employed at an entrance salary above the first step. Qualifications: medical license and two years' experience in public health; MPH desirable, but not mandatory. Duties include general public health work, clinical work, and assistance to the health officer. Provides vacation, sick leave, and retirement. California driver's license required. County car furnished. For further details apply, giving qualifications and experience, to Joseph T. Nardo, M.D., County Health Officer, P.O. Box 119, Santa Barbara, California.

Public Health Microbiologist: Salary range, \$412-\$510. Requires valid California certificate as a public health microbiologist or eligibility to complete certification before six months. Certificate for milk technician required. Retirement plan, vacation and sick

Smog Experts Isolate Second Eye-Plant Irritant

A second smog compound causing both eye irritation and plant damage has been isolated and synthesized by scientists working in the Air Pollution Research laboratory at the University of California, Riverside.

Called PPN (peroxypropionyl nitrate), the substance is related to PAN (peroxyacetyl nitrate), the first such double-acting smog component to be isolated; announcement was made last May. PPN and PAN are about equal as eye irritants, but PPN is four to six times as toxic to plants.

The ability of this hitherto unknown constituent of smog to damage plants may explain why agricultural crops show serious pollutant injury even when smog recording devices fail to show high oxidant readings, the Riverside scientists suggest. Oxidant recording machines, a principal method of measuring air pollution, will not register the minute concentration of PPN or PAN that will damage plants.

Although the PPN found was from synthetic mixtures simulating natural smog, the scientists are confident it is part of the usual Los Angeles-type air pollution since its chemical make-up is closely related to other compounds found in polluted air.

leave. Apply by letter to laboratory director, Mrs. E. Lorraine Young, Box 486, Santa Maria, California.

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